

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKAGING MATERIALS FOR TRANSDERMAL DRUG DELIVERY SYSTEMS

the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	PRIORITY CLAIMED

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

APPLICATION NO.	FILING DATE
60/189,333	March 14, 2000

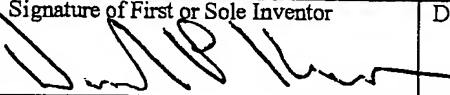
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

APPLICATION SERIAL NO.	FILING DATE	STATUS: PATENTED, PENDING, ABANDONED

I hereby appoint as my attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Jay G. Kolman, Reg. No. 43,727.

Address all correspondence to NOVEN PHARMACEUTICALS, INC., 11960 S.W. 144th Street, Miami, Florida, 33186.
Address telephone communications to Jay G. Kolman at (305) 253-5099.

I hereby declare that all statements made herein on my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor <i>David KANIOS</i>	Signature of First or Sole Inventor 	Date <i>3/13/07</i>
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Residence Address	Country of Citizenship	
Post Office Address		

Full Name of Third Inventor	Signature of Third Inventor	Date
Residence Address	Country of Citizenship	
Post Office Address		

Full Name of Fourth Inventor	Signature of Fourth Inventor	Date
Residence Address	Country of Citizenship	
Post Office Address		

Full Name of Fifth Inventor	Signature of Fifth Inventor	Date
Residence Address	Country of Citizenship	
Post Office Address		